

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ASANTE 2635 SISKIYOU BLVD. MEDFORD, OR 97504
2b	Employer Identification Number (EIN) 93-0223960
2c	Plan Sponsor's telephone number 541-789-4610
2d	Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	MARGARET LUNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 251
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 22 6a(2) 22 6b 175 6c 33 6d 230 6e 15 6f 245 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan	B Three-digit plan number (PN)	003
ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
ASANTE	93-0223960	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	MF73195	245	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	18805

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASANTE	D Employer Identification Number (EIN) 93-0223960
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	31186992	
b	Actuarial value	2b	31186992	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	191	23657127	23657127
b	For terminated vested participants	38	2991088	2991088
c	For active participants	22	1859319	1859319
d	Total	251	28507534	28507534
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.25 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	250000	
c	Target normal cost	6c	250000	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary VALERIE PIRKTL Type or print name of actuary FIDELITY INVESTMENTS Firm name 100 CALIFORNIA ST SUITE 1200 SAN FRANCISCO, CA 94111 Address of the firm	03/24/2026 Date 23-07900 Most recent enrollment number 415-445-6997 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1170574
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1170574
10 Interest on line 9 using prior year's actual return of 7.62 %	0	89198
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		580697
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		30138
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		610835
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1259772

Part III Funding Percentages

14 Funding target attainment percentage	14	104.98 %
15 Adjusted funding target attainment percentage	15	109.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.16 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/08/2024	150000	0			
Totals ►			18(b)	150000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	147933

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code)	21b		3
22 Weighted average retirement age	22		61
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	250000	
b Excess assets, if applicable, but not greater than line 31a	31b	250000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	147933	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	147933	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ASANTE	D Employer Identification Number (EIN) 93-0223960	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INV INST OPS CO
04-2723880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NATIONAL FINANCIAL SERVICES
04-3523567

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FID INV INST OPS CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 21	ACTUARY, RECORDKEEPER	277509	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 12 15 28 38 50 59 61 62 63 64	CUSTODIAN	10622	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ASANTE	D Employer Identification Number (EIN) 93-0223960	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TA MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA INTERM HORIZON STRAT ALLOC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA INTERMEDIATE LONG STRAT ALLOC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA SHORT HORIZON STRAT ALLOC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-025	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA NEUBERGER BERMAN SOC RESPONSIVE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-337	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ASANTE	D Employer Identification Number (EIN) 93-0223960

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	399306
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	283900	329965
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	21849684	24654554
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	18805	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6763322	3204569
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2134174	2123832

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	31199885	30712226
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31199885	30712226

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	150000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		150000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1254417	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1254417
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	76752	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		76752
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		740412
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2221581

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2395633	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2395633
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	277509	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	10622	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	25476	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		313607
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2709240

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-487659
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ALDRICH CPAS & ADVISORS LLP**

(2) EIN: **93-0623286**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 542961.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 003	
C Plan sponsor's name as shown on line 2a of Form 5500 ASANTE				D Employer Identification Number (EIN) 93-0223960	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3275867 13-3689044					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 4	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

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(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Ashland Community Hospital Retirement Plan

FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULES

June 30, 2025 (In Liquidation) and June 30, 2024 (Ongoing)



ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Financial Statements with Supplemental Schedules

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Ashland Community Hospital Retirement Plan
Medford, Oregon

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Ashland Community Hospital Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and accumulated plan benefits in liquidation as of June 30, 2025, the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits in liquidation for the year ended June 30, 2025, the statements of net assets available for benefits and accumulated plan benefits as of June 30, 2024, the related statement of changes in accumulated plan benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

INDEPENDENT AUDITOR'S REPORT, CONTINUED

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

The governing body of Ashland Community Hospital Retirement Plan approved a plan of liquidation on May 1, 2025 (see Note 8), and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2024 financial statements to the liquidation basis used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore it is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITOR'S REPORT, CONTINUED

Auditor's Responsibilities for the Audit of the Financial Statements, continued

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - In Liquidation and Schedule H, Line 4j - Schedule of Reportable Transactions - In Liquidation as of and for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Aldrich CPAs + Advisors LLP

Lake Oswego, Oregon
April 14, 2026

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN**Statements of Net Assets Available for Benefits - Liquidation Basis**

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

	2025 (In Liquidation)	2024 (Ongoing)
ASSETS		
Noninterest-Bearing Cash	\$ 399,306	\$ -
Investments, at fair value:		
Registered investment companies	357,435	673,834
U.S. government securities	2,123,832	2,134,174
Corporate bonds	24,654,554	21,849,684
Exchange traded funds	2,847,134	6,089,488
Pooled separate accounts	-	18,805
Total Investments	29,982,955	30,765,985
Receivables:		
Accrued interest	329,965	283,900
Employer contributions	-	150,000
Total Receivables	329,965	433,900
Net Assets Available for Benefits	\$ 30,712,226	\$ 31,199,885

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN**Statement of Changes in Net Assets Available for Benefits - Liquidation Basis**Year Ended June 30, 2025

Additions to Net Assets Attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 740,412
Interest and dividends	<u>1,331,169</u>

Total Investment Income	2,071,581
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Employer contributions	<u>150,000</u>
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Total Additions	2,221,581
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Deductions from Net Assets Attributed to:

Benefits paid to participants	2,395,633
Administrative expenses	<u>313,607</u>

Total Deductions	<u>2,709,240</u>
------------------	------------------

Net Decrease	(487,659)
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Net Assets Available for Benefits:

Beginning (ongoing)	<u>31,199,885</u>
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Ending (in liquidation)	<u><u>\$ 30,712,226</u></u>
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ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Statements of Accumulated Plan Benefits in Liquidation

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

	2025 (In Liquidation)	2024 (Ongoing)
Actuarial Present Value of Accumulated Plan Benefits:		
Vested benefits:		
Retired employees and beneficiaries	\$ 25,203,852	\$ 25,529,790
Terminated with deferred vested benefits	2,667,301	3,423,493
Fully vested employees	<u>1,848,787</u>	<u>2,166,760</u>
Present Value of Vested Benefits	<u>\$ 29,719,940</u>	<u>\$ 31,120,043</u>

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN
Statement of Changes in Accumulated Plan Benefits in Liquidation
Year Ended June 30, 2025

Actuarial Present Value of Accumulated Plan Benefits, beginning of year (ongoing)	\$ 31,120,043
Increase (decrease) during year attributable to:	
Decrease in discount period	1,317,457
Benefits paid	(2,381,303)
Change in actuarial assumptions	(2,239,497)
Plan amendments	1,392,529
Experience gains and losses	<u>510,711</u>
Net Decrease	<u>(1,400,103)</u>
Actuarial Present Value of Accumulated Plan Benefits, end of year (in liquidation)	\$ <u><u>29,719,940</u></u>

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

Note 1 - Description of Plan

The following description of the Ashland Community Hospital Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan established July 1, 1996, covering all qualified employees of Ashland Community Healthcare Services (the Organization). A qualified employee is an employee not covered under a collective bargaining agreement or who is not a leased or on-call employee and who has 600 or more hours of service within a 12-month eligibility computation period. Prior to July 1, 1996, the Plan was a participating organization in Oregon State Public Employees' Retirement System (PERS). On July 1, 1996, the Plan terminated its membership with PERS. As of December 31, 2006, entry into the Plan and all benefit accruals were frozen. Prior to August 1, 2013, the Plan was a governmental plan qualifying under Section 414(d) of the Internal Revenue Code (IRC), and not subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Effective August 1, 2013, Asante, an Oregon nonprofit corporation, assumed control of Ashland Community Healthcare Services. Employees of the Ashland Community Healthcare Services became employees of Asante. As a result, the Plan was amended to become compliant with ERISA provisions.

Effective May 1, 2025, the Plan sponsor elected to terminate the Plan (see Note 8).

Plan Administration

An administrative committee acts as the Administrator of the Plan. Contributions from the Organization are deposited in investment funds in the custody of the independent Custodian, Matrix Trust Company. The investments are managed by the Custodian and the Plan Administrator. In addition, the Plan has contracted with the Custodian to make benefit payments to retirees.

Eligibility

All employees of the Organization who were employed on or before December 31, 2006 are eligible to participate in the Plan. As of December 31, 2006, the Plan was amended to freeze entry into the Plan.

Funding Policy and Contributions

Contributions by participants are not permitted by the Plan. The Organization is required to make contributions to fund the Plan on an actuarially sound basis as determined by the Plan's actuary. The minimum funding standards of ERISA have been met for the year ended June 30, 2025.

From July 1, 1996, through December 31, 2006, the Plan also made contributions of 6% of each participant's quarterly wages into a separate account for each participant, titled "Employee Account."

Vesting

Participants become fully vested in the Plan upon reaching age 50 while employed at the Organization or completing five years of service. A participant who was employed by the Organization on January 1, 2007, shall be 100% vested with respect to benefits accrued as of December 31, 2006, without regard for credited years of service as of December 31, 2006. If a participant was not 100% vested at the time of termination of employment before January 1, 2007, the participant shall accrue additional service for vesting and for determination of the participant's normal retirement date following rehire after December 31, 2006. Otherwise, a participant terminated before rendering five years of service forfeited the right to receive the portion of their accumulated Plan benefits attributable to the Organization's contributions. A participant immediately vests in their Employee Account balance.

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

Note 1 - Description of Plan, continued

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning on the first month on or after terminating employment after reaching either 30 years of credited service, or age 58. The Plan allows for early retirement at age 55. Employees may elect to receive the greater value of either (a) their accumulated plan benefits, or (b) twice the amount of their Employee Account balance. Benefits are determined based on 1.77% of the participants' Highest Average Pay, multiplied by the number of years of service.

Highest Average Pay is defined as 1/36 of the greater of (1) a participant's compensation as an eligible employee for the three consecutive calendar years of employment by the Organization that produce the largest Highest Average pay, and (2) a participant's compensation as an eligible employee over the last 36 months of hospital employment. Benefits are payable in the form of joint and survivor annuity, a single-life annuity, or other optional forms.

Effective December 31, 2019, the Plan was amended to allow participants to elect an unlimited lump sum cash distribution of their entire Accrued Benefit as a permitted optional form of retirement benefit.

Note 2 - Summary of Accounting Policies

Basis of Accounting

Due to the decision in 2025 to terminate the Plan, the financial statements as of June 30, 2025, have been prepared using the liquidation basis of accounting.

The financial statements as of June 30, 2024, have been prepared on the ongoing basis of accounting.

Use of Estimates

The preparation of financial statements, in accordance with accounting principles generally accepted in the United States of America (GAAP), requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 5). The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, Custodian, and actuary.

Purchases and sales of securities are recorded on a trade-date basis; interest income and other income are recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Certain Plan expenses are deducted from participant accounts or investment income, and the remainder of Plan expenses are paid by the Organization. Investment-related expenses are presented in the accompanying statement of changes in net assets.

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

Note 2 - Summary of Accounting Policies, continued

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events

The Plan has evaluated subsequent events through April 14, 2026, the date the financial statements were available to be issued (see Note 8).

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiary, (b) the beneficiary of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of June 30, 2025 and 2024, were: (a) life expectancy of participants (Pri-2012 Total Mortality Tables projected with Scale MP-2021 for 2025 and 2024), (b) retirement age assumptions (the assumed average retirement age was 62), (c) investment return on assets of 5.07% (4.40% in 2024), (d) cash balance interest rate of 4.03% (5.16% in 2024) and 6% for future years, and (e) cost of living adjustment of 2%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2025 and 2024. Had the valuations been performed as of June 30, 2025 and 2024, there would not be material differences.

During 2025, the form of payment assumption remained the same as prior year: 55% of active and terminated vested participants are assumed to elect a Modified Cash Refund Annuity, 20% are assumed to elect a lump-sum cash-out of their account balance (HEAB) with the remainder of their benefit payable as a life annuity, and 25% are assumed to elect a lump-sum payment of their entire benefit (previously, 75% are assumed to elect a Modified Cash Refund Annuity and 25% are assumed to elect a lump-sum cash-out of their account balance (HEAB) with the remainder of their benefit payable as a life annuity).

Change in Actuarial Assumptions

At June 30, 2025, the expected rate of return on plan assets increased to 5.07% from 4.40% in the prior year. The expected rate of return used for ongoing lump sum calculations also increased to 5.07% from 4.72% in the prior year. The hypothetical employee account balance (HEAB) interest crediting rate decreased for all years to 4.03%, compared to 5.07% in the prior year and 6.00% for future years. The net effect of these changes was a decrease of approximately \$2,200,000 in the actuarial present value of accumulated plan benefits at June 30, 2025.

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

Note 3 - Actuarial Present Value of Accumulated Plan Benefits, continued

Change to Liquidation Basis

The Plan was amended to terminate effective May 1, 2025. Accordingly, expected payouts were restated to be valued on a liquidation basis. To reflect the Plan termination, the liabilities reflect an estimate of the full settlement through a lump sum window offered to all active and terminated vested participants and an annuity purchase for the remaining obligations. Lump sum payouts are calculated based on the March 2025 417(e) interest rates in effect at the time of the payout of 4.50% for the first five years, 5.33% for the next 15 years, and 5.86% thereafter. A short-term discount rate for the lump sum window of 4.13% was used to discount the value of the estimated payments made in conclusion of the lump sum window. It is assumed 80% of active and 45% of deferred vested participants will elect a lump sum as part of the window. The remaining participants are assumed to be included in the annuity purchase, with a 20% annuity purchase premium load factor for active and deferred lives and 5% for in-pay lives. The change to liquidation basis increased the present value of accumulated plan benefits by \$1,400,000 at June 30, 2025.

Note 4 - Information Certified by the Custodian

The Plan's investments are held by Matrix Trust Company, the Custodian of the Plan. The investments are credited for earnings thereon and charged for withdrawals and expenses charged by the Custodian.

The Plan Administrator has obtained the certification from the Custodian certifying the Plan's investments, as of June 30, 2025 and 2024, and for the year ended June 30, 2025, that the following information provided to the Plan Administrator by the Custodian is complete and accurate:

- Investments, at fair value
- Net appreciation in fair value of investments
- Interest and dividends

Note 5 - Fair Value Measurements

Accounting Standards Codification, (ASC) 820, *Fair Value Measurements*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets,
- Quoted prices for identical or similar assets or liabilities in inactive markets,
- Inputs other than quoted prices that are observable for the asset or liability,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

Note 5 - Fair Value Measurements, continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Registered investment companies: Valued at daily closing price as reported by the fund. Funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Pooled separate accounts (PSA): Valued at the NAV of units of a PSA. The NAV provided by the Custodian is used as the practical expedient to estimate fair value. PSAs invest in a variety of domestic stock, international stock, mutual funds, bonds, and other securities. The majority of the underlying securities have observable level 1 quoted pricing inputs.

U.S. government securities and corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Common stocks and exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and 2024:

	Investments at Fair Value as of June 30, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 357,435	\$ -	\$ -	\$ 357,435
U.S. government securities	-	2,123,832	-	2,123,832
Corporate bonds	-	24,654,554	-	24,654,554
Exchange traded funds	2,847,134	-	-	2,847,134
Total investments at fair value	\$ 3,204,569	\$ 26,778,386	\$ -	\$ 29,982,955

	Investments at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 673,834	\$ -	\$ -	\$ 673,834
U.S. government securities	-	2,134,174	-	2,134,174
Corporate bonds	-	21,849,684	-	21,849,684
Exchange traded funds	6,089,488	-	-	6,089,488
Total investments in the fair value hierarchy	\$ 6,763,322	\$ 23,983,858	\$ -	\$ 30,747,180
Investments at NAV				18,805
Total investments, at fair value				\$ 30,765,985

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

Note 5 - Fair Value Measurements, continued

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2025	2024			
Pooled Separate Accounts \$	-	\$ 18,805	N/A	Daily	1 day

Note 6 - Party-in-Interest Transactions

Certain Plan investments are managed by the third-party administrator, Matrix Trust Company, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included in net appreciation in the fair value of investments. Custodial fees paid to Matrix Trust Company during the year ended June 30, 2025, totaled \$10,622. Fidelity Investments Institutional Operations Company provided actuarial, consulting, trustee, and recordkeeping services to the Plan, which totaled \$277,509 during the year ended June 30, 2025. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 7 - Tax Status

The Plan obtained its latest determination letter on February 10, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with applicable requirements of the IRC. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan was amended to terminate effective May 1, 2025. Subsequent to year-end, the Plan received a favorable determination letter from the IRS dated December 29, 2025, confirming that, under the IRC, the Plan's termination does not affect its qualified status for federal tax purposes.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan as of June 30, 2025, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 (In Liquidation) and 2024 (Ongoing)

Note 8 - Plan Termination

The Plan was amended to terminate effective May 1, 2025. As such, the net assets of the Plan were allocated as prescribed by ERISA and its related regulations, generally, to provide the following benefits in the order indicated:

- a. Accrued benefits derived from the participant's or former participant's voluntary contributions made prior to the Plan's discontinuance of participant contributions;
- b. Annuities in pay status, for at least three years prior to the termination of the Plan, shall be paid based on the Plan's provisions in effect during the five-year period ending on the date and the payment shall be based on the lowest benefit payable during the three-year period of time;
- c. Annuities which would have been in pay status three years prior to termination of the Plan, if the Member had retired and commenced receiving the Plan's normal benefits at that time based on the Plan's provisions in effect during the five-year period of time ending on the date;
- d. All other benefits of the Plan guaranteed by the Pension Benefit Guaranty Corporation (PBGC) without regard to the number of plans in which the Member has participated or the limitation of guaranteed benefits imposed on substantial owners;
- e. All other nonforfeitable benefits under the Plan. If the Plan's assets shall not be sufficient to satisfy all of the benefits of this category, the assets shall be allocated on the basis of benefits in effect five years prior to the termination of the Plan. If the allocated assets shall satisfy the benefits of the Plan in effect five years prior to the termination of the Plan, any remaining assets shall be allocated on the basis of the Plan's amendments in the order in which the amendments were adopted after the original allocation date until all of the assets shall be allocated;
- f. All other benefits under the Plan: assets shall be allocated pro rata if the assets shall not satisfy in full the benefits of all individuals described in a particular category.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025, that ceiling is \$7,432 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits at the time of Plan termination will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Even though the Plan has terminated, it is fully funded and does not intend to rely on PBGC insurance.

SUPPLEMENTAL SCHEDULES

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - In Liquidation**

EIN: 93-0223960

Plan Number: 003

June 30, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds:				
	See Attached Schedule	Corporate Bonds	\$ 25,125,053	\$ 24,654,554
U.S. Government Securities:				
	US Treasury Note/Bond	2.250% Due 02-15-52	50,022	50,435
	US Treasury Note/Bond	4.250% Due 02-15-54	223,471	225,668
	US Treasury Note/Bond	4.500% Due 11-15-54	274,665	281,587
	US Treasury Note/Bond	4.125% Due 08-15-34	57,026	58,596
	US Treasury Note/Bond	2.875% Due 05-15-43	487,199	482,251
	Fannie Mae Ma5352	5.000% Due 05-01-54	166,941	168,723
	Fannie Mae Ma5530	5.000% Due 11-01-54	139,801	141,277
	FHLMC Multifamily Structured P K-164 A2	5.000% Due 05-25-34	247,891	258,108
	Freddie Mac Sd3977	5.000% Due 04-01-53	199,841	199,723
	Freddie Mac Sd4997	5.000% Due 10-01-53	74,969	75,505
	Freddie Mac Sd8382	5.000% Due 12-01-53	180,379	181,959
Registered Investment Companies:				
	PIMCO Short Asset	1142 Shares	11,373	11,373
	UBS Money Market Fund	346062 Shares	346,062	346,062
Exchange Traded Funds:				
	iShares Core Intl Stock ETF	15,180 Shares	969,164	1,173,566
	iShares Russell 3000 ETF	4768 Shares	1,298,983	1,673,568

Matrix Trust Company
Portfolio Appraisal – Orig Cost Basis
Ashland Community Hospital Retirement Plan
a7183
CONSOLIDATED
June 30, 2025

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
CORPORATE BOND										
88579ybn0	130,000.000	3M Company 3.050% Due 04-15-30	90.56	117,729.10	93.90	122,070.00	826.04	0.4	4,340.90	3.69
002824bh2	145,000.000	Abbott Laboratories 4.900% Due 11-30-46	99.19	143,821.75	94.37	136,840.85	592.08	0.4	-6,980.90	-4.85
00287ydt3	65,000.000	Abbvie Inc 4.950% Due 03-15-31	101.10	65,716.95	102.68	66,742.65	938.44	0.2	1,025.70	1.56
00724pag4	95,000.000	Adobe Inc 4.950% Due 04-04-34	99.87	94,876.35	102.02	96,919.00	1,123.38	0.3	2,042.65	2.15
001055ay8	205,000.000	AFLAC Inc 4.750% Due 01-15-49	92.27	189,151.45	86.47	177,260.84	4,463.02	0.6	-11,890.62	-6.29
00914aae2	90,000.000	Air Lease Corp 3.250% Due 10-01-29	90.78	81,699.90	95.25	85,727.70	723.13	0.3	4,027.80	4.93
00914aag7	130,000.000	Air Lease Corp 3.000% Due 02-01-30	90.15	117,192.40	93.58	121,655.05	1,614.17	0.4	4,462.65	3.81
010392fw3	390,000.000	Alabama Power Co 3.000% Due 03-15-52	64.22	250,462.50	64.78	252,638.10	3,412.50	0.8	2,175.60	0.87
023135bj4	155,000.000	Amazon.Com Inc 4.050% Due 08-22-47	87.78	136,057.45	82.61	128,043.95	2,232.00	0.4	-8,013.50	-5.89
023135bt2	55,000.000	Amazon.Com Inc 2.500% Due 06-03-50	65.69	36,130.05	60.16	33,089.65	103.13	0.1	-3,040.40	-8.42
023135cj3	125,000.000	Amazon.Com Inc 3.950% Due 04-13-52	84.31	105,389.75	79.09	98,857.50	1,056.08	0.3	-6,532.25	-6.20
03040war6	245,000.000	American Water Capital C 3.750% Due 09-01-47	79.90	195,753.60	76.08	186,398.45	3,036.98	0.6	-9,355.15	-4.78
03040wbc8	110,000.000	American Water Capital C 5.450% Due 03-01-54	99.59	109,545.30	96.73	106,403.00	1,981.68	0.3	-3,142.30	-2.87
031162bz2	330,000.000	Amgen Inc 4.400% Due 05-01-45	87.21	287,796.95	84.84	279,964.74	2,379.67	0.9	-7,832.21	-2.72
03522aah3	260,000.000	Anheuser-Busch Co/Inbev 4.700% Due 02-01-36	98.29	255,560.80	97.56	253,650.02	5,057.72	0.8	-1,910.78	-0.75
036752ad5	155,000.000	Anthem Inc 4.375% Due 12-01-47	87.15	135,087.35	81.84	126,856.65	546.27	0.4	-8,230.70	-6.09
037735da2	80,000.000	Appalachian Power Co 4.500% Due 08-01-32	98.72	78,979.20	98.90	79,116.80	1,490.00	0.3	137.60	0.17
037833al4	165,000.000	Apple Inc 3.850% Due 05-04-43	87.80	144,868.35	83.83	138,324.45	988.17	0.5	-6,543.90	-4.52
037833cd0	445,000.000	Apple Inc 3.850% Due 08-04-46	85.95	382,476.10	81.04	360,628.00	6,948.18	1.2	-21,848.10	-5.71
049560am7	275,000.000	Atmos Energy Corp 4.125% Due 10-15-44	87.02	239,309.20	82.56	227,030.65	2,363.28	0.7	-12,278.55	-5.13
049560ap0	230,000.000	Atmos Energy Corp 4.300% Due 10-01-48	86.79	199,607.05	82.72	190,256.00	2,445.03	0.6	-9,351.05	-4.68
053484ac5	40,000.000	Avalonbay Communities 1.900% Due 12-01-28	90.30	36,118.40	92.72	37,088.40	61.22	0.1	970.00	2.69
06051ggf0	105,000.000	Bank Of America Corp 3.824% Due 01-20-28	96.57	101,398.65	99.15	104,107.50	1,784.53	0.3	2,708.85	2.67
06051ghd4	95,000.000	Bank Of America Corp 3.419% Due 12-20-28	94.42	89,699.50	97.71	92,823.55	90.22	0.3	3,124.05	3.48
06051gje0	285,000.000	Bank Of America Corp 2.676% Due 06-19-41	71.37	203,409.55	71.26	203,096.70	233.04	0.7	-312.85	-0.15

Matrix Trust Company
Portfolio Appraisal – Orig Cost Basis
Ashland Community Hospital Retirement Plan
a7183
CONSOLIDATED
June 30, 2025

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
084659ap6	400,000.000	Berkshire Hathaway Energy 3.800% Due 07-15-48	77.51	310,041.60	75.61	302,440.00	6,966.67	1.0	-7,601.60	-2.45
084664bu4	230,000.000	Berkshire Hathaway Fin 4.400% Due 05-15-42	95.45	219,534.10	92.62	213,032.90	1,265.00	0.7	-6,501.20	-2.96
084664db4	160,000.000	Berkshire Hathaway Fin 3.850% Due 03-15-52	81.16	129,855.00	77.50	123,993.60	1,796.67	0.4	-5,861.40	-4.51
055451av0	145,000.000	BHP Billiton Fin USA Ltd 5.000% Due 09-30-43	98.70	143,111.90	94.76	137,407.80	1,812.50	0.4	-5,704.10	-3.99
055451be7	70,000.000	BHP Billiton Fin USA Ltd 5.250% Due 09-08-33	99.82	69,877.45	102.45	71,712.20	1,143.33	0.2	1,834.75	2.63
097023dg7	95,000.000	Boeing Co 2.196% Due 02-04-26	94.51	89,783.45	98.35	93,436.30	846.07	0.3	3,652.85	4.07
10373qbq2	325,000.000	BP Cap Markets America 3.379% Due 02-08-61	69.14	224,695.70	64.80	210,595.13	4,331.69	0.7	-14,100.58	-6.28
110122cr7	140,000.000	Bristol-Myers Squibb Co 4.250% Due 10-26-49	86.13	120,587.90	80.78	113,092.42	1,057.78	0.4	-7,495.48	-6.22
110122ds4	235,000.000	Bristol-Myers Squibb Co 2.550% Due 11-13-50	61.85	145,351.95	58.48	137,424.48	782.35	0.4	-7,927.48	-5.45
110122dw5	180,000.000	Bristol-Myers Squibb Co 3.700% Due 03-15-52	77.27	139,089.75	72.98	131,362.20	1,942.50	0.4	-7,727.55	-5.56
110122eh7	90,000.000	Bristol-Myers Squibb Co 5.200% Due 02-22-34	100.71	90,643.35	102.43	92,190.60	1,664.00	0.3	1,547.25	1.71
11135faq4	95,000.000	Broadcom Inc 4.150% Due 11-15-30	95.48	90,701.75	98.38	93,456.25	492.81	0.3	2,754.50	3.04
12189laa9	220,000.000	Burlingtn North Santa Fe 5.750% Due 05-01-40	107.30	236,053.85	104.76	230,469.80	2,073.19	0.8	-5,584.05	-2.37
149123cf6	155,000.000	Caterpillar Inc 3.250% Due 09-19-49	75.67	117,291.45	70.06	108,596.10	1,413.30	0.4	-8,695.35	-7.41
15189xas7	235,000.000	Centerpoint Ener Houston 3.950% Due 03-01-48	82.11	192,964.15	78.22	183,821.70	3,068.38	0.6	-9,142.45	-4.74
16412xag0	40,000.000	Cheniere Corp Christi Hd 5.125% Due 06-30-27	100.15	40,060.00	100.96	40,384.80	0.00	0.1	324.80	0.81
16411rak5	70,000.000	Cheniere Energy Inc 4.625% Due 10-15-28	98.44	68,910.80	99.98	69,988.10	674.48	0.2	1,077.30	1.56
17275rbu5	80,000.000	Cisco Systems Inc 5.300% Due 02-26-54	102.60	82,081.80	97.09	77,672.00	1,460.44	0.3	-4,409.80	-5.37
172967fx4	220,000.000	Citigroup Inc 5.875% Due 01-30-42	106.06	233,324.20	103.50	227,691.20	5,385.42	0.7	-5,633.00	-2.41
18600taa0	110,000.000	Cleveland Clinic Found 4.858% Due 01-01-14	93.15	102,461.70	83.83	92,216.30	2,657.06	0.3	-10,245.40	-10.00
12592bam6	95,000.000	CNHnh Industrial Cap LLC 1.450% Due 07-15-26	91.85	87,259.65	96.85	92,009.40	631.35	0.3	4,749.75	5.44
12621eal7	90,000.000	CNO Financial Group Inc 5.250% Due 05-30-29	98.85	88,969.10	100.86	90,775.56	393.75	0.3	1,806.46	2.03
20030ncl3	85,000.000	Comcast Corp 4.600% Due 10-15-38	96.01	81,609.50	92.61	78,721.90	814.58	0.3	-2,887.60	-3.54
20030ndm0	150,000.000	Comcast Corp 1.950% Due 01-15-31	84.14	126,203.35	87.66	131,485.50	1,340.63	0.4	5,282.15	4.19
20030neg2	250,000.000	Comcast Corp 5.500% Due 05-15-64	101.89	254,719.75	93.13	232,822.50	1,718.75	0.8	-21,897.25	-8.60
202795js0	280,000.000	Commonwealth Edison Co 3.000% Due 03-01-50	67.51	189,018.20	64.86	181,599.60	2,776.67	0.6	-7,418.60	-3.92
209111fx6	170,000.000	Con Edison Co Of NY Inc 3.350% Due 04-01-30	93.31	158,629.80	96.11	163,390.40	1,407.93	0.5	4,760.60	3.00
209111gd9	170,000.000	Con Edison Co Of NY Inc 6.150% Due 11-15-52	111.31	189,230.15	105.18	178,802.60	1,306.88	0.6	-10,427.55	-5.51
20825caq7	110,000.000	Conoco Phillips Corp 6.500% Due 02-01-39	113.94	125,330.15	111.30	122,431.32	2,959.31	0.4	-2,898.83	-2.31
20826fbg0	110,000.000	Conocophillips Company 5.550% Due 03-15-54	101.21	111,335.05	95.63	105,194.58	1,780.63	0.3	-6,140.47	-5.52
210385af7	95,000.000	Constellation En Gen LLC 5.750% Due 03-15-54	94.55	89,818.70	97.96	93,064.85	1,593.23	0.3	3,246.15	3.61
22003bam8	105,000.000	Corporate Office Prop LP 2.750% Due 04-15-31	81.97	86,071.60	88.71	93,145.50	601.56	0.3	7,073.90	8.22
126408gx5	155,000.000	CSX Corp 4.400% Due 03-01-43	90.19	139,800.60	87.38	135,434.35	2,254.39	0.4	-4,366.25	-3.12
24703tak2	115,000.000	Dell Int LLC / EMC Corp 8.350% Due 07-15-46	130.25	149,782.40	127.11	146,179.95	4,401.15	0.5	-3,602.45	-2.41

Matrix Trust Company
Portfolio Appraisal – Orig Cost Basis
Ashland Community Hospital Retirement Plan
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CONSOLIDATED
June 30, 2025

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
254010ae1	120,000.000	Dignity Health 5.267% Due 11-01-64	92.69	111,231.95	88.26	105,910.80	1,035.84	0.3	-5,321.15	-4.78
25746ubm0	130,000.000	Dominion Resources Inc 4.900% Due 08-01-41	91.98	119,577.40	90.22	117,287.30	2,636.47	0.4	-2,290.10	-1.92
23338vag1	275,000.000	DTE Electric Co 3.750% Due 08-15-47	78.83	216,771.15	76.23	209,640.75	3,867.19	0.7	-7,130.40	-3.29
23338vak2	90,000.000	DTE Electric Co 2.250% Due 03-01-30	87.65	78,884.50	91.56	82,400.40	669.38	0.3	3,515.90	4.46
233331bj5	70,000.000	DTE Energy Co 4.875% Due 06-01-28	100.40	70,277.25	101.46	71,018.85	274.90	0.2	741.60	1.06
26442cae4	105,000.000	Duke Energy Carolinas 6.050% Due 04-15-38	107.67	113,050.70	106.95	112,295.40	1,323.44	0.4	-755.30	-0.67
26442caz7	220,000.000	Duke Energy Carolinas 3.200% Due 08-15-49	70.97	156,132.40	67.64	148,803.60	2,640.00	0.5	-7,328.80	-4.69
26441cas4	40,000.000	Duke Energy Corp 2.650% Due 09-01-26	95.17	38,069.30	98.13	39,252.40	350.39	0.1	1,183.10	3.11
26441cbt1	95,000.000	Duke Energy Corp 4.500% Due 08-15-32	95.87	91,077.35	97.56	92,686.37	1,603.13	0.3	1,609.02	1.77
532457cm8	80,000.000	Eli Lilly & Co 5.000% Due 02-09-54	99.91	79,925.50	93.56	74,849.60	1,566.67	0.2	-5,075.90	-6.35
532457cs5	125,000.000	Eli Lilly & Co 5.050% Due 08-14-54	98.66	123,327.00	94.00	117,496.25	2,384.72	0.4	-5,830.75	-4.73
292480al4	135,000.000	Energy Transfer LP 4.950% Due 05-15-28	99.84	134,784.00	101.32	136,784.70	835.31	0.4	2,000.70	1.48
29273rar0	175,000.000	Energy Transfer Partners 6.500% Due 02-01-42	105.33	184,325.75	103.39	180,934.25	4,707.99	0.6	-3,391.50	-1.84
29364wbn7	75,000.000	Entergy Louisiana LLC 5.700% Due 03-15-54	99.06	74,294.55	98.38	73,785.30	1,246.88	0.2	-509.25	-0.69
29379vag8	225,000.000	Enterprise Products Oper 6.125% Due 10-15-39	108.22	243,493.00	106.52	239,667.75	2,871.09	0.8	-3,825.25	-1.57
30040wah1	195,000.000	Eversource Energy 3.450% Due 01-15-50	70.23	136,939.65	70.28	137,052.83	3,083.44	0.4	113.18	0.08
30225vaj6	30,000.000	Extra Space Storage LP 5.700% Due 04-01-28	102.18	30,654.90	103.29	30,986.70	422.75	0.1	331.80	1.08
30225vam9	105,000.000	Extra Space Storage LP 3.875% Due 12-15-27	96.66	101,489.15	98.85	103,794.60	169.53	0.3	2,305.45	2.27
30225var8	50,000.000	Extra Space Storage LP 5.900% Due 01-15-31	103.28	51,639.00	105.57	52,783.55	1,352.08	0.2	1,144.55	2.22
30231gat9	50,000.000	Exxon Mobil Corporation 3.043% Due 03-01-26	97.63	48,812.50	99.24	49,617.50	502.94	0.2	805.00	1.65
30231gaw2	275,000.000	Exxon Mobil Corporation 4.114% Due 03-01-46	86.99	239,216.10	82.09	225,744.75	3,739.74	0.7	-13,471.35	-5.63
30231gbn1	110,000.000	Exxon Mobil Corporation 2.610% Due 10-15-30	92.00	101,200.00	92.47	101,711.50	598.13	0.3	511.50	0.51
38141gfd1	235,000.000	Goldman Sachs Group Inc 6.750% Due 10-01-37	109.84	258,124.45	109.56	257,473.05	3,921.56	0.8	-651.40	-0.25
38141gww2	120,000.000	Goldman Sachs Group Inc 3.814% Due 04-23-29	96.48	115,773.60	98.35	118,023.60	851.79	0.4	2,250.00	1.94
404119bu2	50,000.000	HCA Inc 4.500% Due 02-15-27	99.21	49,602.55	100.00	50,000.00	843.75	0.2	397.45	0.80
404119bv0	200,000.000	HCA Inc 5.500% Due 06-15-47	95.84	191,687.40	93.05	186,102.00	458.33	0.6	-5,585.40	-2.91
40414lae9	75,000.000	HCP Inc 6.750% Due 02-01-41	111.98	83,985.90	109.89	82,416.75	2,095.31	0.3	-1,569.15	-1.87
42225uaf1	85,000.000	Healthcare Trust Of Amer 3.750% Due 07-01-27	95.59	81,250.65	98.59	83,799.80	1,584.90	0.3	2,549.15	3.14
427866bn7	45,000.000	Hershey Company 5.100% Due 02-24-35	100.53	45,239.40	101.51	45,680.90	803.25	0.1	441.50	0.98
437076av4	100,000.000	Home Depot Inc 5.950% Due 04-01-41	110.90	110,897.20	105.45	105,452.00	1,470.97	0.3	-5,445.20	-4.91
437076cd2	130,000.000	Home Depot Inc 3.350% Due 04-15-50	75.17	97,716.30	70.25	91,330.20	907.29	0.3	-6,386.10	-6.54
42824cbs7	115,000.000	HP Enterprise Co 4.400% Due 09-25-27	99.39	114,303.25	100.16	115,178.25	1,335.28	0.4	875.00	0.77
42824cay5	40,000.000	Hp Enterprise Co 6.350% Due 10-15-45	107.37	42,949.90	102.08	40,830.80	529.17	0.1	-2,119.10	-4.93
459200lk5	310,000.000	IBM Corp 5.700% Due 02-10-55	99.90	309,690.00	99.05	307,042.60	6,871.67	1.0	-2,647.40	-0.85

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24422ewz8	45,000.000	John Deere Capital Corp 4.700% Due 06-10-30	100.47	45,211.95	101.68	45,755.10	117.50	0.1	543.15	1.20
46647pbm7	440,000.000	JPMorgan Chase & Co 3.109% Due 04-22-41	74.94	329,736.00	76.64	337,224.80	2,583.92	1.1	7,488.80	2.27
49446rat6	135,000.000	Kimco Realty Corp 4.450% Due 09-01-47	82.56	111,451.95	83.26	112,403.70	1,985.81	0.4	951.75	0.85
49446rav1	130,000.000	Kimco Realty Corp 3.700% Due 10-01-49	75.67	98,370.20	72.73	94,545.10	1,189.14	0.3	-3,825.10	-3.89
49446rba6	95,000.000	Kimco Realty Corp 4.600% Due 02-01-33	95.70	90,918.90	98.33	93,409.70	1,808.69	0.3	2,490.80	2.74
548661ek9	45,000.000	Lowe's Cos Inc 4.400% Due 09-08-25	99.57	44,805.60	99.95	44,979.30	616.00	0.1	173.70	0.39
548661em5	190,000.000	Lowe's Cos Inc 5.625% Due 04-15-53	99.53	189,100.75	96.30	182,964.30	2,226.56	0.6	-6,136.45	-3.25
571748cd2	95,000.000	Marsh & McLennan Cos Inc 5.400% Due 03-15-55	99.16	94,202.95	95.86	91,064.15	1,496.25	0.3	-3,138.80	-3.33
58933yat2	165,000.000	Merck & Co Inc 3.700% Due 02-10-45	82.28	135,759.55	78.89	130,162.00	2,374.17	0.4	-5,597.55	-4.12
58933ybe4	65,000.000	Merck & Co Inc 2.150% Due 12-10-31	84.93	55,205.30	87.13	56,631.45	77.64	0.2	1,426.15	2.58
58933ybf1	160,000.000	Merck & Co Inc 2.750% Due 12-10-51	66.46	106,333.60	61.63	98,603.20	244.44	0.3	-7,730.40	-7.27
30303m8g0	60,000.000	Meta Platforms Inc 3.500% Due 08-15-27	97.32	58,391.10	99.04	59,426.40	787.50	0.2	1,035.30	1.77
30303m8q8	100,000.000	Meta Platforms Inc 5.600% Due 05-15-53	105.97	105,971.65	100.00	99,999.00	700.00	0.3	-5,972.65	-5.64
30303m8v7	95,000.000	Meta Platforms Inc 5.400% Due 08-15-54	99.86	94,864.75	97.65	92,769.40	1,923.75	0.3	-2,095.35	-2.21
59156ram0	135,000.000	Metlife Inc 5.700% Due 06-15-35	105.73	142,738.10	105.76	142,770.60	320.63	0.5	32.50	0.02
594918cd4	260,000.000	Microsoft Corp 2.675% Due 06-01-60	64.62	168,023.65	58.89	153,125.44	560.26	0.5	-14,898.21	-8.87
615369ax3	100,000.000	Moody'S Corporation 3.100% Due 11-29-61	65.70	65,703.75	62.08	62,077.00	266.94	0.2	-3,626.75	-5.52
617482v92	75,000.000	Morgan Stanley 6.375% Due 07-24-42	114.99	86,242.05	109.07	81,800.55	2,071.88	0.3	-4,441.50	-5.15
637432nt8	205,000.000	National Rural Util Coop 4.300% Due 03-15-49	85.81	175,916.50	83.42	171,004.94	2,571.04	0.6	-4,911.56	-2.79
63743hfm9	60,000.000	National Rural Util Coop 4.800% Due 02-05-27	100.17	60,103.65	100.89	60,532.20	1,160.00	0.2	428.55	0.71
65339kdg2	115,000.000	Nextera Energy Capital 4.850% Due 02-04-28	100.16	115,180.55	101.41	116,626.10	2,261.99	0.4	1,445.55	1.26
655844ct3	70,000.000	Norfolk Southern Corp 5.550% Due 03-15-34	104.75	73,324.85	104.51	73,154.20	1,133.13	0.2	-170.65	-0.23
665859ax2	40,000.000	Northern Trust Corp 6.125% Due 11-02-32	106.62	42,649.60	107.98	43,192.80	394.72	0.1	543.20	1.27
67066gah7	50,000.000	Nvidia Corp 3.500% Due 04-01-50	79.17	39,586.00	74.53	37,265.15	432.64	0.1	-2,320.85	-5.86
649322ae4	55,000.000	NY & Presbyterian Hospital 4.763% Due 08-01-16	87.79	48,287.15	80.04	44,024.20	1,084.24	0.1	-4,262.95	-8.83
62952eae7	150,000.000	NYU Hospitals Center 4.368% Due 07-01-47	88.78	133,164.00	85.80	128,706.00	3,257.80	0.4	-4,458.00	-3.35
68389xam7	130,000.000	Oracle Corp 5.375% Due 07-15-40	98.16	127,610.65	97.71	127,017.80	3,202.60	0.4	-592.85	-0.46
68389xbv6	140,000.000	Oracle Corp 2.950% Due 04-01-30	90.70	126,976.65	93.43	130,806.20	1,021.03	0.4	3,829.55	3.02
68389xbx2	130,000.000	Oracle Corp 3.600% Due 04-01-50	72.91	94,779.90	69.85	90,801.10	1,157.00	0.3	-3,978.80	-4.20
70450yam5	80,000.000	Paypal Holdings Inc 5.050% Due 06-01-52	91.36	73,084.80	92.36	73,884.00	325.44	0.2	799.20	1.09
713448dd7	180,000.000	Pepsico Inc 4.450% Due 04-14-46	92.82	167,081.70	88.19	158,734.80	1,691.00	0.5	-8,346.90	-5.00
716973ah5	50,000.000	Pfizer Investment Enter 5.340% Due 05-19-63	100.72	50,359.70	92.89	46,442.65	304.08	0.2	-3,917.05	-7.78
718172au3	60,000.000	Philip Morris Intl Inc 3.875% Due 08-21-42	79.51	47,704.20	81.43	48,856.80	833.13	0.2	1,152.60	2.42
718172bl2	50,000.000	Philip Morris Intl Inc 4.250% Due 11-10-44	84.80	42,399.40	84.85	42,425.50	295.14	0.1	26.10	0.06

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718547aw2	84,000.000	Phillips 66 Co 5.650% Due 06-15-54	97.84	82,188.81	93.04	78,151.08	197.75	0.3	-4,037.73	-4.91
720186ap0	225,000.000	Piedmont Natural Gas Co 5.050% Due 05-15-52	91.50	205,885.90	88.63	199,419.75	1,420.31	0.6	-6,466.15	-3.14
74164mab4	65,000.000	Primerica Inc 2.800% Due 11-19-31	84.30	54,793.60	88.45	57,493.54	207.28	0.2	2,699.94	4.93
744320ay8	235,000.000	Prudential Financial Inc 3.905% Due 12-07-47	80.68	189,589.75	78.21	183,802.90	586.29	0.6	-5,786.85	-3.05
744320ba9	120,000.000	Prudential Financial Inc 3.935% Due 12-07-49	80.24	96,289.40	76.48	91,780.44	301.68	0.3	-4,508.96	-4.68
745332ck0	130,000.000	Puget Sound Energy Inc 2.893% Due 09-15-51	65.54	85,205.10	61.99	80,580.50	1,096.93	0.3	-4,624.60	-5.43
754730af6	260,000.000	Raymond James Financial 4.950% Due 07-15-46	92.79	241,252.10	89.65	233,100.40	5,898.75	0.8	-8,151.70	-3.38
756109cc6	90,000.000	Realty Income Corp 3.400% Due 01-15-30	95.45	85,900.50	95.68	86,114.70	1,402.50	0.3	214.20	0.25
759351as8	40,000.000	Reinsurance Grp Of Amer 5.750% Due 09-15-34	99.71	39,882.40	102.76	41,104.40	670.83	0.1	1,222.00	3.06
767201at3	295,000.000	Rio Tinto Fin USA Ltd 2.750% Due 11-02-51	66.02	194,752.40	60.10	177,306.80	1,307.01	0.6	-17,445.60	-8.96
78016hzt0	35,000.000	Royal Bank Of Canada 4.875% Due 01-19-27	98.84	34,595.05	101.05	35,368.20	763.07	0.1	773.15	2.23
75513ecu3	110,000.000	Rtx Corp 5.750% Due 01-15-29	104.29	114,716.80	104.53	114,982.67	2,898.96	0.4	265.87	0.23
785592ax4	60,000.000	Sabine Pass Liquefaction 4.500% Due 05-15-30	98.49	59,094.60	99.73	59,835.60	337.50	0.2	741.00	1.25
816300ah0	195,000.000	Selective Insurance Grou 5.375% Due 03-01-49	96.58	188,338.80	89.41	174,343.65	3,464.64	0.6	-13,995.15	-7.43
816851bj7	370,000.000	Sempra Energy 4.000% Due 02-01-48	80.24	296,888.80	74.02	273,874.00	6,125.56	0.9	-23,014.80	-7.75
822582at9	150,000.000	Shell International Fin 3.625% Due 08-21-42	82.63	123,948.30	78.24	117,361.50	1,948.44	0.4	-6,586.80	-5.31
828807dx2	105,000.000	Simon Property Group LP 6.650% Due 01-15-54	116.17	121,981.80	109.90	115,393.95	3,200.31	0.4	-6,587.85	-5.40
842400gk3	100,000.000	Southern Cal Edison 4.125% Due 03-01-48	82.14	82,144.75	72.58	72,580.00	1,363.54	0.2	-9,564.75	-11.64
842400gt4	190,000.000	Southern Cal Edison 3.650% Due 02-01-50	75.57	143,588.10	66.45	126,245.50	2,870.32	0.4	-17,342.60	-12.08
845437bt8	120,000.000	Southwestern Elec Power 3.250% Due 11-01-51	66.35	79,614.40	64.73	77,670.51	639.17	0.3	-1,943.89	-2.44
85771pal6	75,000.000	Statoil Asa 3.950% Due 05-15-43	87.08	65,311.75	83.56	62,667.53	370.31	0.2	-2,644.23	-4.05
871829bn6	210,000.000	Sysco Corporation 6.600% Due 04-01-50	114.74	240,954.95	108.01	226,821.00	3,426.50	0.7	-14,133.95	-5.87
87264abd6	80,000.000	T-Mobile USA Inc 3.750% Due 04-15-27	97.62	78,096.00	99.01	79,208.80	625.00	0.3	1,112.80	1.42
87612ebh8	20,000.000	Target Corp 3.375% Due 04-15-29	95.33	19,065.75	97.32	19,463.00	140.63	0.1	397.25	2.08
87612ebn5	100,000.000	Target Corp 2.950% Due 01-15-52	71.37	71,368.00	63.46	63,459.50	1,352.08	0.2	-7,908.50	-11.08
89115a2h4	225,000.000	Toronto-Dominion Bank 4.693% Due 09-15-27	98.98	222,694.50	100.99	227,232.00	3,079.78	0.7	4,537.50	2.04
89157xab7	65,000.000	Totalenergies Capital Sa 5.488% Due 04-05-54	101.27	65,827.10	96.12	62,475.40	842.26	0.2	-3,351.70	-5.09
89236tmf9	55,000.000	Toyota Motor Credit Corp 5.050% Due 05-16-29	101.68	55,921.80	102.64	56,452.55	339.47	0.2	530.75	0.95
89236tms1	140,000.000	Toyota Motor Credit Corp 4.350% Due 10-08-27	99.76	139,666.20	100.40	140,564.20	1,387.17	0.5	898.00	0.64
911312bw5	280,000.000	United Parcel Service 5.300% Due 04-01-50	102.97	288,305.75	95.01	266,018.20	3,668.78	0.9	-22,287.55	-7.73
91324par3	65,000.000	UnitedHealth Group 5.800% Due 03-15-36	109.73	71,322.35	105.12	68,328.00	1,099.58	0.2	-2,994.35	-4.20
91324pcr1	120,000.000	Unitedhealth Group Inc 4.750% Due 07-15-45	96.11	115,337.40	88.56	106,266.00	2,612.50	0.3	-9,071.40	-7.87
91324pek4	175,000.000	Unitedhealth Group Inc 4.750% Due 05-15-52	93.49	163,603.30	85.44	149,511.25	1,039.06	0.5	-14,092.05	-8.61
91324pfg2	45,000.000	Unitedhealth Group Inc 4.800% Due 01-15-30	101.00	45,450.00	101.53	45,687.15	990.00	0.1	237.15	0.52

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91913yal4	95,000.000	Valero Energy Corp 6.625% Due 06-15-37	108.75	103,313.90	107.52	102,146.85	262.24	0.3	-1,167.05	-1.13
928563ac9	95,000.000	VMWare Inc 3.900% Due 08-21-27	97.18	92,320.45	99.10	94,140.25	1,327.63	0.3	1,819.80	1.97
931142ez2	90,000.000	Walmart Inc 4.500% Due 09-09-52	94.35	84,915.60	87.70	78,932.70	1,248.75	0.3	-5,982.90	-7.05
94974bgq7	465,000.000	Wells Fargo & Company 4.900% Due 11-17-45	89.99	418,434.90	88.09	409,611.53	2,721.54	1.3	-8,823.37	-2.11
95101vaa7	95,000.000	Wesleyan University 4.781% Due 07-01-16	83.92	79,727.40	77.74	73,849.20	2,258.36	0.2	-5,878.20	-7.37
970648al5	50,000.000	Willis North America Inc 4.650% Due 06-15-27	99.81	49,905.50	100.62	50,312.00	96.88	0.2	406.50	0.81
983024an0	150,000.000	Wyeth 5.950% Due 04-01-37	109.27	163,901.15	106.53	159,798.00	2,206.46	0.5	-4,103.15	-2.50
98389bax8	115,000.000	Xcel Energy Inc 3.500% Due 12-01-49	71.91	82,698.65	68.61	78,906.10	324.24	0.3	-3,792.55	-4.59
					21,248,466.06	20,681,014.09	281,455.75	68.3	-567,451.97	-2.67
VARIABLE RATE CORPORATE BONDS										
025816dg1	110,000.000	American Express Co 5.389% Due 07-28-27	100.88	110,968.15	100.99	111,085.70	2,502.89	0.4	117.55	0.11
06051ghu6	255,000.000	Bank Of America Corp 4.078% Due 04-23-40	87.15	222,241.25	87.00	221,860.20	1,935.35	0.7	-381.05	-0.17
06051gja8	160,000.000	Bank Of America Corp 4.083% Due 03-20-51	82.87	132,598.10	78.96	126,332.64	1,814.67	0.4	-6,265.46	-4.73
06051gkq1	85,000.000	Bank Of America Corp 4.571% Due 04-27-33	94.71	80,500.95	98.41	83,645.95	669.14	0.3	3,145.00	3.91
06406rbt3	175,000.000	Bank Of NY Mellon Corp 6.317% Due 10-25-29	105.39	184,425.50	106.10	185,678.50	1,996.00	0.6	1,253.00	0.68
06406yab8	90,000.000	Bank Of NY Mellon Corp 5.606% Due 07-21-39	100.08	90,074.10	101.65	91,486.17	2,228.39	0.3	1,412.07	1.57
14040hch6	145,000.000	Capital One Financial Co 1.878% Due 11-02-27	90.92	131,837.00	96.66	140,163.82	438.72	0.5	8,326.82	6.32
14040hcv5	135,000.000	Capital One Financial Co 5.247% Due 07-26-30	98.32	132,727.80	102.23	138,006.45	3,010.47	0.4	5,278.65	3.98
808513ce3	105,000.000	Charles Schwab Corp 5.853% Due 05-19-34	105.12	110,375.60	106.27	111,584.55	699.92	0.4	1,208.95	1.10
172967ml2	200,000.000	Citigroup Inc 2.666% Due 01-29-31	87.17	174,344.40	91.76	183,516.00	2,236.48	0.6	9,171.60	5.26
172967pf2	115,000.000	Citigroup Inc 5.174% Due 02-13-30	100.39	115,449.65	101.98	117,272.40	2,264.34	0.4	1,822.75	1.58
17327car4	130,000.000	Citigroup Inc 6.174% Due 05-25-34	102.31	132,998.55	103.30	134,291.30	735.74	0.4	1,292.75	0.97
38141gyc2	330,000.000	Goldman Sachs Group Inc 3.210% Due 04-22-42	76.00	250,815.25	74.88	247,100.70	2,000.90	0.8	-3,714.55	-1.48
38141gyn8	320,000.000	Goldman Sachs Group Inc 2.650% Due 10-21-32	83.33	266,667.25	88.16	282,121.60	1,625.33	0.9	15,454.35	5.80
38141gzk3	190,000.000	Goldman Sachs Group Inc 2.640% Due 02-24-28	92.97	176,634.60	97.12	184,528.00	1,755.60	0.6	7,893.40	4.47
46647par7	140,000.000	JPMorgan Chase & Co 4.005% Due 04-23-29	95.04	133,054.00	99.05	138,665.80	1,043.53	0.5	5,611.80	4.22
46647pbv7	370,000.000	JPMorgan Chase & Co 2.525% Due 11-19-41	70.44	260,629.30	70.13	259,488.40	1,064.01	0.8	-1,140.90	-0.44
46647pbx3	160,000.000	JPMorgan Chase & Co 1.953% Due 02-04-32	81.26	130,015.40	86.72	138,752.00	1,267.28	0.5	8,736.60	6.72
46647pdr4	130,000.000	JPMorgan Chase & Co 5.350% Due 06-01-34	99.11	128,846.40	102.89	133,759.60	540.94	0.4	4,913.20	3.81
693475bv6	140,000.000	PNC Financial Services 5.300% Due 01-21-28	101.05	141,474.85	101.67	142,338.00	3,277.17	0.5	863.15	0.61
693475bx2	130,000.000	PNC Financial Services 5.492% Due 05-14-30	100.72	130,939.95	103.60	134,674.80	912.28	0.4	3,734.85	2.85
744320bf8	40,000.000	Prudential Financial Inc 5.700% Due 09-15-48	97.31	38,925.20	101.37	40,548.80	652.33	0.1	1,623.60	4.17
857477bn2	60,000.000	State Street Corp 3.152% Due 03-30-31	89.49	53,692.80	94.56	56,738.40	472.80	0.2	3,045.60	5.67
89788maq5	175,000.000	Truist Financial Corp 7.161% Due 10-30-29	106.77	186,847.85	108.24	189,425.25	2,088.63	0.6	2,577.40	1.38
91159hjb7	170,000.000	US Bancorp 2.491% Due 11-03-36	78.47	133,391.80	84.85	144,238.41	658.73	0.5	10,846.61	8.13
95000u2s1	245,000.000	Wells Fargo & Company 2.393% Due 06-02-28	92.29	226,111.15	96.42	236,236.35	456.00	0.8	10,125.20	4.48
					3,876,586.85	3,973,539.78	38,347.63	13.1	96,952.93	2.50

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN**Schedule H, Line 4j - Schedule of Reportable Transactions - In Liquidation**

EIN: 93-0223960

Plan Number: 003

Year Ended June 30, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction	(i) Net gain or (loss)
Series of Security Purchase Transactions > 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ 8,297,323	\$ -	\$ -	\$ 8,297,323	\$ -
PIMCO	PIMCO Shrt Asst Inv. Fnd	\$ 2,246,174	\$ -	\$ -	\$ 2,246,174	\$ -
Series of Security Sales Transactions > 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ -	\$ 8,496,881	\$ 8,496,881	\$ 8,496,881	\$ -
iShares	iShares Russell 3000 ETF	\$ -	\$ 2,327,225	\$ 1,884,452	\$ 2,327,225	\$ 442,773
PIMCO	PIMCO Shrt Asst Inv. Fnd	\$ -	\$ 2,373,709	\$ 2,372,837	\$ 2,373,709	\$ 871
Single Purchase Transactions Exceeding 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ 2,797,340	\$ -	\$ -	\$ 2,797,340	\$ -
UBS	UBS Money Market Fund	\$ 2,803,314	\$ -	\$ -	\$ 2,803,314	\$ -
Single Security Sales Transactions > 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ -	\$ 2,591,864	\$ 2,591,864	\$ 2,591,864	\$ -
UBS	UBS Money Market Fund	\$ -	\$ 2,803,314	\$ 2,803,314	\$ 2,803,314	\$ -
iShares	iShares Russell 3000 ETF	\$ -	\$ 2,327,229	\$ 1,884,452	\$ 2,327,229	\$ 442,777

2024 Form 5500 Schedule SB Attachments
 Schedule SB, Line 26a – Schedule of Active Participants Data
 Plan Name: Ashland Community Hospital Retirement Plan
 Plan Sponsor: Asante
 For Plan Year Ended June 30, 2025
 EIN: 93-0223960 PN: 003

Age and Service Distribution of Active Members

Completed Years of Service on July 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	1	1	2	0	0	0	0	0	0	0	4
50-54	0	2	2	0	0	0	0	0	0	0	4
55-59	0	1	2	0	0	0	0	0	0	0	3
60-64	0	2	3	1	0	0	0	0	0	0	6
65-69	0	1	0	0	0	0	0	0	0	0	1
Over 69	0	1	0	1	0	0	0	0	0	0	2
Total	1	10	9	2	0	0	0	0	0	0	22

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2024 Plan Year		2023 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	3	3	3	3
First five years	4.75%	4.75%	4.75%	2.68%
Next 15 years	5.18%	5.18%	5.00%	3.93%
Over 20 years	5.59%	5.16%	5.74%	4.12%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Interest Rate for FASB ASC 960: 4.40% (6.00% in 2023). This is based on expected long-term return on plan assets assumption.

Salary Scale: N/A

Cost of Living Adjustment (COLA): 2.00% (unchanged)

Hypothetical Employee Account Balance (HEAB) Interest Credit Rate: Based on the unadjusted 3rd segment rate of 5.16% for 2024 and 6.00% for future years (previously 4.12% for 2023).

Actuarial Increase Interest Rate: 5.61% (previously 4.28%) Based on 120% of the Applicable Federal Midterm Rate as of June 2024 as defined in the plan provisions.

Lump Sum Interest Rate: Same as ERISA interest rates above.

2024 Form 5500 Schedule SB Attachment
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods
Plan Name: Ashland Community Hospital Retirement Plan
Plan Sponsor: Asante
For Plan Year Ended June 30, 2025
EIN: 93-0223960 PN: 003

Actuarial Assumptions and Methods (continued)

Administrative Expenses: \$250,000, based on the expected administrative expenses to be paid from trust assets.

Mortality:

ERISA: 2024 Optional Small Plan Mortality Table determined under § 1.430(h)(3)-1 provided in the Appendix of Notice 2019-67 (previously, 2023 Optional Small Plan Mortality Table)

FASB ASC 960: Pri-2012 Total Mortality Tables projected with Scale MP-2021 for all years (no change from prior year).

Retirement Rates: Active participants are assumed to retire as follows:

<u>Retirement Age</u>	<u>Combined Rate</u>
55	10.0%
56-57	5.0%
58	15.0%
59-60	7.5%
61	10.0%
62	20.0%
63-64	15.0%
65	100.0%

Participants who terminate prior to retirement age are assumed to commence benefits at age 61.

Retirement rates are based on the assumptions used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Actuarial Assumptions and Methods (continued)

Termination: Rates varying by age and service based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Termination Age	Male	Female
30	6.88%	7.52%
35	5.65%	6.16%
40	4.43%	4.89%
45	3.03%	3.37%
50	1.52%	1.68%

Marital Status: It is assumed that 75% of all participants are married. Males are assumed to be three years older than females.

Maximum Benefit: \$275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: N/A

Form of Payment: 55% of active and terminated vested participants are assumed to elect a Modified Cash Refund Annuity, 20% are assumed to elect a lump sum cashout of their hypothetical employee account balance (HEAB) with the remainder of their benefit payable as a life annuity, and 25% are assumed to elect their full benefit as a lump sum cashout. Form of payment elections are based on the assumptions used by the prior actuary for this plan and adjusted to reflect the plan change effective in 2021 to permit benefits payable as a full lump sum. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) and FASB ASC 960 purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN**Schedule H, Line 4j - Schedule of Reportable Transactions - In Liquidation**

EIN: 93-0223960

Plan Number: 003

Year Ended June 30, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction	(i) Net gain or (loss)
Series of Security Purchase Transactions > 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ 8,297,323	\$ -	\$ -	\$ 8,297,323	\$ -
PIMCO	PIMCO Shrt Asst Inv. Fnd	\$ 2,246,174	\$ -	\$ -	\$ 2,246,174	\$ -
Series of Security Sales Transactions > 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ -	\$ 8,496,881	\$ 8,496,881	\$ 8,496,881	\$ -
iShares	iShares Russell 3000 ETF	\$ -	\$ 2,327,225	\$ 1,884,452	\$ 2,327,225	\$ 442,773
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Single Purchase Transactions Exceeding 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ 2,797,340	\$ -	\$ -	\$ 2,797,340	\$ -
UBS	UBS Money Market Fund	\$ 2,803,314	\$ -	\$ -	\$ 2,803,314	\$ -
Single Security Sales Transactions > 5% of Beginning Net Assets:						
UBS	UBS Money Market Fund	\$ -	\$ 2,591,864	\$ 2,591,864	\$ 2,591,864	\$ -
UBS	UBS Money Market Fund	\$ -	\$ 2,803,314	\$ 2,803,314	\$ 2,803,314	\$ -
iShares	iShares Russell 3000 ETF	\$ -	\$ 2,327,229	\$ 1,884,452	\$ 2,327,229	\$ 442,777

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASANTE	D Employer Identification Number (EIN) 93-0223960
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	31,186,992	
b	Actuarial value	2b	31,186,992	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	191	23,657,127	23,657,127
b	For terminated vested participants	38	2,991,088	2,991,088
c	For active participants	22	1,859,319	1,859,319
d	Total	251	28,507,534	28,507,534
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.25%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	250,000	
c	Target normal cost	6c	250,000	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	VP Signature of actuary Valerie Pirktl Type or print name of actuary Fidelity Investments Firm name 100 California St SUITE 1200 San Francisco CA 94111 Address of the firm	3/24/2026 Date 2307900 Most recent enrollment number 415-445-6997 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,170,574
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1,170,574
10 Interest on line 9 using prior year's actual return of <u>7.62</u> %	0	89,198
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		580,697
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		30,138
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		610,835
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1,259,772

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	104.98 %
15	Adjusted funding target attainment percentage.....	15	109.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/08/2024	150,000	0					
			Totals ►	18(b)	150,000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	147, 933

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.18 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	3
22	Weighted average retirement age	22	61
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	250,000
b	Excess assets, if applicable, but not greater than line 31a	31b	250,000
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34
			0
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36
			0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
			147,933
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a
			147,933
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
			0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
			0
40	Unpaid minimum required contributions for all years		40
			0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		

2024 Form 5500 Schedule SB Attachments**Schedule SB, Line 22 - Description of Weighted Average Retirement Age****Plan Name: Ashland Community Hospital Retirement Plan****Plan Sponsor: Asante****For Plan Year Ended June 30, 2025****EIN: 93-0223960 PN: 003**

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation. The methodology is illustrated below:

<u>Age</u>	<u>Lives</u>		<u>Retirement Decrement</u>		<u>Lives Retiring</u>	<u>Age x Lives Retiring</u>
55	1,000,000	X	0.100	=	100,000	5,500,000
56	900,000	X	0.050	=	45,000	2,520,000
57	855,000	X	0.050	=	42,750	2,436,750
58	812,250	X	0.150	=	121,838	7,066,575
59	690,413	X	0.075	=	51,781	3,055,075
60	638,632	X	0.075	=	47,897	2,873,842
61	590,734	X	0.100	=	59,073	3,603,479
62	531,661	X	0.200	=	106,332	6,592,594
63	425,329	X	0.150	=	63,799	4,019,355
64	361,529	X	0.150	=	54,229	3,470,682
65	307,300	X	1.000	=	307,300	19,974,495
						<u>61,112,847</u>

Weighted Average Retirement Age:	61.1128
Rounded for Schedule SB item 22:	61

2024 Form 5500 Schedule SB Attachment
Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Ashland Community Hospital Retirement Plan
Plan Sponsor: Asante
For Plan Year Ended June 30, 2025
EIN: 93-0223960 PN: 003

Plan Provisions

Name of Plan: Ashland Community Hospital Retirement Plan.

Employer Identification Number / Plan Number: 93-0223960/003.

Plan Year: July 1 to June 30.

Effective Date: July 1, 1996 as a governmental plan. Amended on August 1, 2013 to comply with the requirements of a non-governmental ERISA Plan. The Plan was amended on March 10, 2025 to terminate effective May 1, 2025. This amendment also increased the mandatory cashout limit to \$7,000, set the Cost of Living Adjustment (COLA) to 2.00% effective May 1, 2025, and set the Hypothetical Employee Account Balance (HEAB) Interest Credit Rate to 4.03% effective May 1, 2025.

Covered Employees: Employees who were active Oregon State Public Employees Retirement System (“PERS”) members on June 30, 1996 became members in the Plan on July 1, 1996; however, employees who were active PERS members as of that date and elected to continue active PERS membership for 12 months became members in the Plan on July 1, 1997. Employees who are not members of PERS or hired after June 30, 1996 become members in the Plan after six months of continuous employment or after one year of eligibility service. No employee will become a new member in the Plan after December 31, 2006.

Participation Date: Date of becoming a covered employee.

Definitions:

Credited service: One year of service is earned for each calendar year in which an employee completes 600 hours. Partial service can be earned at a rate of 0.25 years per quarter if they work at least 138 or 160 hours (depending on number of pay periods). Service for benefit accruals was frozen as of December 31, 2006. However, service continues to accrue for purposes of determining benefit eligibility.

Cost of Living Adjustment: Annuity payments for participants receiving benefits are increased annually by 2%.

Compensation: W-2 Earnings which includes elective deferrals within the meaning of Code Section 402(g), 132(f)(4), 125, and 457. Imputed income from expense reimbursements or fringe benefits are subtracted. Compensation for any year may not exceed the IRS limit on annual compensation for a defined benefit plan.

Plan Provisions (continued)

Highest Average Pay: The greater of:

- a) The monthly average of Compensation over the highest three consecutive calendar years
- b) The monthly average of Compensation over the last 36 months of employment.

Highest Average Pay is frozen as of December 31, 2006.

Account Balance: The Account Balance as of August 1, 2013 credited with interest as follows:

- For the period from August 1, 2013 through March 31, 2015, the greater of the actual rate of return on the Employee Account or the unadjusted third segment rate used under Code Section 430(h).
- For periods on or after April 1, 2015, the unadjusted third segment rate used under Code Section 430(h).

Vesting Requirements:

Participants become vested after 5 years of Credited Service or by attaining age 50 while employed by the company. All participants employed with the company as of January 1, 2007 are 100% vested.

Certain Participants who terminated prior to January 1, 2007 and were not 100% vested at termination in an Accrued Benefit are still vested in their HEAB. As of July 1, 2024, there are five such Participants who are only vested in their HEAB.

Eligibility for Benefits:

Normal Retirement: First of the month coincident with or following the attainment of age 58 or completion of 30 years of credited service. The Statutory Retirement Age is equal to age 62 (statutory normal retirement age controls Suspension of Benefits notices and forced commencement).

Early Retirement: First of the month coincident with or following the attainment of age 55.

Deferred Retirement: Retirement after Normal Retirement.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service.

Plan Provisions (continued)

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

In-service Distribution (Active): An active Participant who has attained the age of 59 ½ may elect an in-service distribution and begin receiving benefits while remaining employed.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: A modified cash refund annuity with monthly benefit for the life of a participant equal to the greater of (1) or (2):

- 1) The difference between (a) and (b)
 - a) Years of Credited Service x 1.77% of Highest Average Pay
 - b) For participants that were active PERS members on June 30, 1996, the amount of a participant's monthly PERS benefit at age 58 computed under the Full Formula Method in ORS 238.300 which was accrued and vested as of the date plan participation starts.
- 2) The monthly benefit payable under a modified cash refund annuity that is the actuarial equivalent of twice the participant's Account Balance.

Early retirement: Computed the same as the Normal Retirement Benefit, but the benefit determined in item (1) above is then reduced by 8.0% for each year the retirement date precedes age 58 unreduced for 30 years of service.

Deferred retirement: Computed the same as the Normal Retirement Benefit, but the benefit determined in item (1) above receives an actuarial increase from age 58 to the retirement date (but not beyond age 62). A suspension of benefits notice will be sent to an employee upon attainment of age 62. Actuarial increases for payments beyond April 1st following age 70½. For the purposes of this section, actuarial increases shall mean the accumulated value of payments converted to a modified cash account annuity based on the plan's definition of actuarial equivalence.

Monthly pre-retirement spouse death benefit: For a married active or terminated participant the surviving spouse may elect to receive a single cash payment equal to twice the participant's Account Balance or, if vested, a monthly death benefit equal to the amount payable to the spouse under a 50% Joint and Survivor Annuity. In the event of a non-married participant's death before retirement the designated beneficiary is eligible to receive a single cash payment equal to twice the Account Balance or an actuarial equivalent Single Life Annuity.

Plan Provisions (continued)

Forms of Payment:

Normal form (single participants): Modified cash refund annuity

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with a modified cash refund with spouse as beneficiary.

Optional forms: Unlimited Lump Sum, Single Life Annuity, 50%, 75% or 100% Joint and Survivor Annuity with a modified cash refund option. A pop-up option is available for the 50% and 100% Joint and Survivor Annuity. A reduced benefit under any of these options is available if a partial lump sum of the employee Account Balance is elected. A lump sum benefit can also be taken for the full value of the accrued benefit. A lump sum benefit can also be taken for the full value of the accrued benefit.

Description of payment form conversion factors:

Actuarial Equivalence Factors outlined in Exhibits, I, II, and III of the plan document. Unlimited Lump sum actuarial equivalence outlined in Section 8.10-3 of the plan document including projected Cost of Living Adjustment at two percent.

Sample rates below:

Modified Cash Refund Annuity Actuarial Equivalence Factors (Amount of Monthly Annuity per \$1,000):

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
30	6.65	50	7.32
35	6.75	55	7.66
40	6.88	60	8.09
45	7.08	65	8.76

2024 Form 5500 Schedule SB Attachment
Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Ashland Community Hospital Retirement Plan
Plan Sponsor: Asante
For Plan Year Ended June 30, 2025
EIN: 93-0223960 PN: 003

Plan Provisions (continued)

Joint and Survivor Annuity Actuarial Equivalence Factors:

Age Difference (Participant Older than Beneficiary)	100% Joint and Survivor		75% Joint & Survivor	50% Joint & Survivor	
	<u>Normal</u>	<u>Optional</u>	<u>Normal</u>	<u>Normal</u>	<u>Optional</u>
15 or more	0.820	0.810	0.900	0.860	0.850
10	0.850	0.840	0.920	0.885	0.875
5	0.880	0.860	0.930	0.905	0.890
0	0.910	0.890	0.980	0.930	0.910
-5	0.930	0.900	0.960	0.945	0.920
-10	0.950	0.910	0.970	0.960	0.930
-15 or more	0.970	0.920	0.980	0.975	0.935

Benefits not included: None to our knowledge

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

ASHLAND COMMUNITY HOSPITAL RETIREMENT PLAN**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - In Liquidation**

EIN: 93-0223960

Plan Number: 003

June 30, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds:				
	See Attached Schedule	Corporate Bonds	\$ 25,125,053	\$ 24,654,554
U.S. Government Securities:				
	US Treasury Note/Bond	2.250% Due 02-15-52	50,022	50,435
	US Treasury Note/Bond	4.250% Due 02-15-54	223,471	225,668
	US Treasury Note/Bond	4.500% Due 11-15-54	274,665	281,587
	US Treasury Note/Bond	4.125% Due 08-15-34	57,026	58,596
	US Treasury Note/Bond	2.875% Due 05-15-43	487,199	482,251
	Fannie Mae Ma5352	5.000% Due 05-01-54	166,941	168,723
	Fannie Mae Ma5530	5.000% Due 11-01-54	139,801	141,277
	FHLMC Multifamily Structured P K-164 A2	5.000% Due 05-25-34	247,891	258,108
	Freddie Mac Sd3977	5.000% Due 04-01-53	199,841	199,723
	Freddie Mac Sd4997	5.000% Due 10-01-53	74,969	75,505
	Freddie Mac Sd8382	5.000% Due 12-01-53	180,379	181,959
Registered Investment Companies:				
	PIMCO Short Asset	1142 Shares	11,373	11,373
	UBS Money Market Fund	346062 Shares	346,062	346,062
Exchange Traded Funds:				
	iShares Core Intl Stock ETF	15,180 Shares	969,164	1,173,566
	iShares Russell 3000 ETF	4768 Shares	1,298,983	1,673,568